E-filing

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|--|---|---|----------------------------|
| KURT ABRON | Plaintiff, | CASE NO. | 2857 |
| vs. | |) PRISONER'S) APPLICATION) IN FORMA PAI | TO PROCEED JPERIS |
| D.K. SISTO | Defendant. | | Si |
| I. KURT AI | BRON . | declare, under penalty of per | jury that I am the |
| | | at the information I offer thro | - |
| • | | n in support of my request to | |
| | | , costs or give security. I state | |
| reduzen er brehañ ane | | , | • |
| poverty I am unable to | pay the costs of the | is action or give security, and | l that I believe that I am |
| poverty I am unable to entitled to relief. | pay the costs of th | is action or give security, and | that I believe that I am |
| entitled to relief. | | | |
| entitled to relief. In support of the | nis application, I pro | ovide the following informat | |
| entitled to relief. In support of the support of t | nis application, I pro | ovide the following informat | ion: |
| entitled to relief. In support of th Are you present If your answer is "yes," | nis application, I pro atly employed? Yes | ovide the following informat | ion: |
| entitled to relief. In support of th 1. Are you present If your answer is "yes," name and address of y | nis application, I pro atly employed? Yes " state both your grour employer: | ovide the following informat | ion: |

MAY 1 6 2008

| 1 | If the answe | er is "no," state the date of last employmen | t and the amount of the gross and net |
|-----|---|---|--|
| 2 | salary and wages per month which you received. (If you are imprisoned, specify the last | | |
| 3 | place of em | ployment prior to imprisonment.) | |
| 4 | GENE | NTECH INC | |
| 5 | 218_/ | AIRPOR ROAD | |
| 6 | SOUT | L SAN FRANCISCO, CA | |
| 7 | 2. Hav | e you received, within the past twelve (12) | months, any money from any of the |
| 8 | following so | ources: | |
| 9 | a. | Business, Profession or | Yes No _ x _ |
| 10 | | self employment | |
| 11 | b. | Income from stocks, bonds, | Yes No _ x |
| 12 | | or royalties? | |
| 13 | c. | Rent payments? | Yes No <u>X</u> |
| 14 | d. | Pensions, annuities, or | Yes No _ x |
| 15 | | life insurance payments? | |
| 16 | e. | Federal or State welfare payments, | Yes No X |
| 17 | | Social Security or other govern- | |
| 18 | | ment source? | |
| 19 | If the answe | r is "yes" to any of the above, describe each | h source of money and state the amount |
| 20 | received from | | |
| 21 | | Ø | |
| 22 | | | |
| 23 | 3. Are y | you married? | Yes No _ x |
| 24 | Spouse's Ful | l Name: N/A | |
| 25 | Spouse's Place of Employment: N/A | | |
| 26. | Spouse's Monthly Salary, Wages or Income: | | |
| 27 | Gross \$ | Ø Net \$ | - 0 |
| 28 | 4. a. | List amount you contribute to your spo | use's support:\$ |
| - 1 | | | X 4 |

| 1 | b. List the persons other than your spouse who are dependent upon you for |
|----|--|
| 2 | support and indicate how much you contribute toward their support. (NOTE: |
| 3 | For minor children, list only their initials and ages. DO NOT INCLUDE |
| 4 | THEIR NAMES.). |
| 5 | N/A |
| 6 | N/A |
| 7 | 5. Do you own or are you buying a home? Yes No _x_ |
| 8 | Estimated Market Value: \$ _ g _ Amount of Mortgage: \$ _ g _ |
| 9 | 6. Do you own an automobile? Yes No |
| 10 | Make N/A Year N/A Model N/A |
| 11 | Is it financed? Yes No If so, Total due: \$ g |
| 12 | Monthly Payment: \$ |
| 13 | 7. Do you have a bank account? Yes No _x (Do not include account numbers.) |
| 14 | Name(s) and address(es) of bank: |
| 15 | N/A |
| 16 | Present balance(s): \$ _ Ø |
| 17 | Do you own any cash? Yes No Amount: \$ |
| 18 | Do you have any other assets? (If "yes," provide a description of each asset and its estimated |
| 19 | market value.) Yes No |
| 20 | |
| 21 | 8. What are your monthly expenses? |
| 22 | Rent: \$ Utilities: |
| 23 | Food: \$ Clothing: |
| 24 | Charge Accounts: |
| 25 | Name of Account N/A Monthly Payment N/A Total Owed on This Acct. |
| 26 | \$\$\$ |
| 27 | \$\$ |
| 28 | |

| 1 | you have any other debts? (List current obligations, indicating amounts and to whom they are |
|----|--|
| 2 | payable. Do <u>not</u> include account numbers.) |
| 3 | N/A |
| 4 | N/A |
| 5 | 10. Does the complaint which you are seeking to file raise claims that have been presented |
| 6 | in other lawsuits? Yes No X |
| 7 | Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in |
| 8 | which they were filed. |
| 9 | N/A |
| 10 | N/A |
| 11 | I consent to prison officials withdrawing from my trust account and paying to the court |
| 12 | the initial partial filing fee and all installment payments required by the court. |
| 13 | I declare under the penalty of perjury that the foregoing is true and correct and |
| 14 | understand that a false statement herein may result in the dismissal of my claims. |
| 15 | m 1/17/1/ |
| 16 | My 26, 2008 / Cust T. Allen |
| 17 | DATE SIGNATURE OF APPLICANT |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
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28

| 1 | |
|----------|--|
| 2 | Case Number: |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | CERTIFICATE OF FUNDS |
| | IN |
| 10 | |
| 11 | PRISONER'S ACCOUNT |
| 12 | To antifer that attack add bounts in a toron and account account of the universal attack account |
| 13 | I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of <u>KIIRT ABRON</u> # £ 82005 for the last six months |
| 14 | |
| 15 16 | at [prigoner name] |
| 17 | [prisoner name] CSP-Solano where (s)he is confined. |
| 18 | [name of institution] |
| 19 | |
| . | I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 109.17 and the average balance in the prisoner's |
| 20 | most recent o-month period were \$ 107, 77 and the average balance in the prisoner's |
| 21 | account each month for the most recent 6-month period was \$ |
| 22 | Dated: 5/22/08 Providen delout Tachnien |
| 23 | |
| 24 | [Authorized officer of the institution] |
| 25 | |
| 26 | |
| 27 | |
| 28 | |

MAY 1 6 2008

REPORT DATE: 05/22/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS CALIFORNIA STATE PRISON SOLANO INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 22, 2007 THRU MAY 22, 2008

BED/CELL NUMBER: S421J 0000006U ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY ACCOUNT NUMBER : K82005 ACCOUNT NAME : ABRON, KURT PRIVILEGE GROUP: A TRAN

| BALANCE | 20.00 | 40.00 240.00 230.00 192.00 157.00 112.00 113.12 113.12 | |
|-------------|-------------------|--|--|
| WITHDRAWALS | | 10.00 38.00 35.00 45.00 11.65 11.65 | |
| DEPOSITS | | 20.00 200.00 50.00 100.00 100.00 | |
| CHECK NUM | | 164584773 164585112 164585113 164585681 | |
| COMMENT | LANCE | 8629-1982 8630-2020 2047-PHOTO 2088COSTCO 2113-1ST 2443-1ST JP533-2515 JP546-2651 2695-POST 2695-POST 2695-POST 3082-CKREQ 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST 3083-POST | |
| DESCRIPTION | BEGINNING BALANCE | CASH DEPOSIT CASH DEPOSIT MISC. IWF CHA DONATION-VICT DRAW-FAC 4 FOR 2008 DONATION-VETE DRAW-FAC 4 EFT DEPOSIT CASH WITHDRAW POSTAGE CHARG EFT DEPOSIT CASH WITHDRAW CASH DEPOSIT CASH WITHDRAW CASH DEPOSIT DONATION - YO POSTAGE CHARG CASH DEPOSIT CASH DEPOSIT DONATION - YO POSTAGE CHARG MISC. IWF CHA MISC. IWF CHA MISC. IWF CHA | |
| DATE CODE | _ | 12/05 D300 12/06 D300 12/10 W474 12/11 FC04 12/11 FC04 01/08 W450 01/11 D340 01/23 D340 01/25 W502 01/25 W502 01/25 W502 01/25 W502 01/25 W502 01/25 W502 02/06 FC04 02/06 FC04 02/06 W502 02/06 W502 02/06 W502 02/06 W502 02/06 W502 02/05 W415 02/12 W415 02/25 W415 02/05 W415 04/04 D300 04/04 D300 04/05 D300 04/05 D300 05/05 D300 05/05 D300 05/12 W705 | |

The within woll of the Count Nawtained COPY OF THE TRUST ACCOUNT NAWTAINED BY THIS OFFICE.

.701 REPORT ID: TS3030

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REPORT DATE: 05/22/08 PAGE NO: 2

FOR THE PERIOD: NOV. 22, 2007 THRU MAY

ACCT NAME: ABRON, KURT ACCT: K82005

ACCT TYPE: I

22, 2008

00.0 TRANSACTIONS TO BE POSTED 0.00 BALANCE HOLDS 81.12 BALANCE CURRENT TRUST ACCOUNT SUMMARY TOTAL WITHDRAWALS 593.88

655.00

20.00

TOTAL DEPOSITS

BEGINNING BALANCE

81.12 AVAILABLE BALANCE CURRENT

THE WITHIN INSTRUMENT IS A CORRECT CORPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE. ATTEST: CALIFORMA DEPARTMENT OF CORF